

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-2131-01-SS
Name of Patient:	
Name of URA/Payer:	Texas Mutual Insurance
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Donald Kocurek, MD

August 19, 2005

An independent review of the above-referenced case has been completed by a medical physician board certified in neurosurgery. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: William R. Francis, Jr., MD
Donald Kocurek, MD
Texas Workers Compensation Commission

CLINICAL HISTORY

Records submitted for review included:

- Medical records from William Francis, MD from 4/7/05 – 6/15/05;
- Austin EMG report;
- River Oaks report
- Central Park Imaging report; and
- Records from Texas Mutual Insurance.

This is a gentleman who injured himself on ____ hooking up some farm equipment. He developed significant low back as well as radiating leg pain, left greater than right. This started a whole host of evaluations which have included physical therapy, epidural steroid injections and medications as well as radio frequency treatments. Unfortunately, he has continued to have low back as well as bilateral leg pain. He has had a number of evaluations including an EMG from 2/22/05 performed by Dr. Jill Heytens which shows an active left L4/L5 radiculopathy and mild chronic bilateral S1 and S2 radiculopathies, a myelographic report from River Oaks on 5/4/05, an MRI scan of 1/14/05, multiple letters from Dr. William Francis as well as evaluations by Dr. Byron Neely. I have also reviewed an MRI scan report from 3/4/05 of the thoracic spine as well as radio frequency lesions and office notes from Dr. Haro and then finally an MRI evaluation which was done in April of this year. The sum total of all of this is that there has been a recommendation of a multi level decompressive laminectomy followed by a four level fusion.

REQUESTED SERVICE(S)

L3/4, L4/5 and L5/S1 bilateral decompression as well as an anterior and posterior lumbar fusion L2 through S1.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

Notwithstanding Dr. Francis' impassioned letter addressed to Ms. Westbrook, there is no justification for this multi level fusion, which is an extraordinarily aggressive procedure. I would refer Dr. Francis to the literature regarding multi level lumbar spine fusions; particularly the North American Spine Society's discussion. Of course there are situations in which a four level fusion is appropriate; this unfortunately is not one of them. Dr. Francis describes, in a letter to Ms. Westbrook dated 5/17/05, that this gentleman has "translatory motion" demonstrated on flexion extension films at both L5 as well as at L4 and L3. This information is not dictated on any medical record aside from this. It is certainly not mentioned on the MRI and no mention of offset is given on his myelogram with the exception of L5. Further, his EMG only points to either an L4 or L5 radiculopathy. There is agreement with the previous reviewer that this gentleman would benefit from a decompressive laminectomy; some of L3 due to the descending L4 nerve roots, some of the L4 to decompress the L5 nerve roots and probably central decompression at L5 to decompress the central canal as well as both the S1 nerve roots. It would then be appropriate to perform a fusion at L5 and S1. This can be performed either anteriorly or preferably from behind. Again I would recommend that Dr. Francis review the latest review of fusion data within the Journal of Neurosurgery in June of this year which gives a comprehensive discussion of the literature as well as the current state of affairs.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 19th day of August 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell